

ISSUE SLIP STAPLE AREA (FOR ADDITIONAL CROSS REFERENCES)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------------|-----------------|
| FEE DETERMINATION | <i>[Signature]</i> | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>DM</i> | <i>10223</i> | <i>11-16-00</i> |
| RESPONSE FORMALITY REVIEW | | | <i>1/3/01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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